



Our Hospice: The Need

Wheatland & Area Hospice Society (WAHS) recognizes that each of us contributes to the fabric of community in our own unique and personal way. We strive to find meaning and priority in all, young and old, living and dying. Simply put, hospice palliative care is about our place with others, and making a difference for others.

<p>Does Wheatland County really need a hospice?</p>	<p>Yes. While 80% of us hope to die at home, sometimes the physical layout of our home, considerations for family and caregivers, and personal preference make a hospice necessary. Most concerning for our community, is evolving Alberta Health policy directing more expected deaths to occur outside of our hospital. WAHS hopes to provide a new exceptional choice for you and your family - hospice, in addition to other choices - home or a late transfer to a LTC (long term care facility).</p>
<p>What is palliative care?</p>	<p>Simply put, palliative care is a specialty of medical care like any other, for example orthopedics. It deals not just with death and dying, but also about making the most of time you have remaining. It starts once you are given a diagnosis likely to cause your death, even if you have lots of time and treatments remaining. Palliative care addresses the physical, social, emotional, and spiritual needs of both you and your family.</p>
<p>What is a hospice?</p>	<p>Palliative care should be offered anywhere; home, hospital, LTC, or senior’s facilities. A hospice is a particular facility that excels at providing this care. It offers additional nursing hours and skills, a quiet and reassuring atmosphere, and a space where family and community are encouraged to be a part of the circle of care. Our hospice will be staffed by local, experienced RN’s, LPN’s, and HCA’s at higher staff to patient ratios than the current LTC system.</p>
<p>What is the need for hospice beds in Alberta?</p>	<p>AHS planned to have 7.7 hospice beds/100,000 pop. In 2023 it was 2.1 (BC has 8.4). Many areas in Alberta are underserved. In the Calgary Zone, while there are quite a few beds, their urban distribution means considerable travel distances for rural patients and their families to access them. More importantly, AHS has been repeatedly called out by national palliative care experts for labelling existing beds as “hospice” when they might more appropriately be called “beds at the end of the hall”, offering little in the way of true hospice services.</p>



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<p>Can't I just die at the hospital?</p>	<p>Future health policy direction is for increased transitioning of dying patients to out-of-hospital spaces. This is particularly evident in Strathmore's in-hospital anticipated deaths, thought to be too high (2022: 37/100 palliative patients). That same year only 8 patients went to a hospice. Our hospice will provide an additional choice of location for you and your family during your palliative journey, in addition to your home or a for-profit LTC facility.</p>
<p>I hear there may be a new LTC facility built in Strathmore that has 6 hospice beds. Why not partner with it?</p>	<p>WAHS will offer locally controlled, not-for-profit, wrap-around hospice care in our community. Rather than motivated by profit, we share a vision and mission with WHMB to provide top quality services. Did you know that a 2021 MNP report stated some for-profit-facilities report up to 7x profit margins on care and accommodation compared to not-for-profit organizations? (gained by staffing and dietary operations). It is our understanding this facility would make few care or programming improvements for its palliative care beds.</p> <p>Furthermore, anticipated economic and population growth of our community, as well as the new acute care bed utilization policy, creates a need greatly exceeding AHS's previous analysis that assigned 6 future PC beds to our area.</p>
<p>Will we manage our own hospice admissions?</p>	<p>Yes. Money fundraised by our community will be used to care for our own families and residents, not patients from elsewhere. Hospice screening, transitions and admissions will be under our team's control. This model replicates Edmonton's Pilgrims Hospice and reflects AB Health's (not AHS's) new direction to improve front-line and local management of services as it works towards re-aligning services into the new Continuing Care pillar.</p>
<p>Can my family MD be involved in my hospice care?</p>	<p>Yes. Once our hospice is built, our Navigators will work with your existing care providers such as your family MD, the PCN social workers, hospital transition services, and home care staff just as they did when you were in your home. If you don't have a family doctor, there will be a hospitalist type service available.</p> <p>Our hospice will also have day hospice services available so you can get to know us earlier, as well as give your family a bit of a break so they don't get burned out.</p>